## **Retail Food Inspection Report**

Floyd County Health Department Telephone (812) 948-4726

Establishment Name SUBWAY #22660 (SERVELL 2 INC)  Address 3008 CHARLESTOWN CROSSING, NEW ALBANY IN 4							Telephone Number 626-991-1766	Date of Inspection 04/13/2022	ID#	
Owner  MONISH KAPUR						Purpose X Routine		Follow Up	<b>Released</b> 04/23/2022	
Owner's Address 2993 SEASONS DR GREENWOOD, IN 46143							Follow-up Complaint		+	
Person in Charge ADDISON COOK							Pre-Operational			
Responsible Person's Email							TemporaryHACCP	Menu Type  1 2 _X 3	_ 4 _ 5 _	
Certified Food Handler  MOHNISH KAPUR 3YR-NEEDS N							Other (list)			
				AND NARRATIVE COLUMNS N		THE NA	ARRAIVE COLUMN MARKED AS "R"			
Section #	C	NC	R	Narrative				To Be Corrected		
118	Х		X	Observed no CFM certification in establishment. This has been an ongoing 4/20/22 issue.						
187	Х			Observed tuna salad and roast beef temping between 42.6F - 43F in the TODAY cold holding unit.						
191	X			Observed no dater	TODA	TODAY				
295	Х			Observed the inner soda nozzle pieces to the soda machine covered in mold.					Y	
254		X	Χ		thermomter to the walk	4/20/22	4/20/22			
298		Χ			bris splatters on the top	TODA	Y			
346		Χ	Χ	Observed no hand	soap at the handwashir	TODA	Y			
347		Χ		Observed no hand towels at the handwashing sink in the back kitchen area.						
426		X		Observed several back door.	ECTED					
431		X		Complaint was recordent/pest infesta	sweeping and cleaning ceived that the establish ation. No rodent or pest ng that needs to happen	t. TODA	<i>(</i>			
433		Χ			t to dry in mop sink.	TODAY				
Summary of V			C _	4 NC _	7 R <u>3</u>					
Received by (name and title printed):  ADDISON COOK							Inspected by (name and title printed): Christa Manus EHS			
Received by (signature):							Inspected by (signature):			
cc:					cc:			cc:		